

**North Carolina Mental Health Planning and Advisory Council**  
**Royster Building, Room 210, Dix Campus**  
**November 4, 2005**  
**10:00 a.m. – 3:00 p.m.**  
**Meeting Minutes**

**Members Present:** Libby Jones, Kaye Holder, Tisha O'Neal Gamboa, Eileen Silber, Jeff McCloud, Diann Irwin, Pat Solomon, Esther High, Dan Fox, Carolyn Wiser, Lucy Dorsey, William Jones, Ed Seavey (phone), Dr. Martin Pharr, and Mary Reca Todd.  
**Others:** Kent Earnhardt, Amy Smiley (filling in for Laura White). **Staff to Council:** Susan Robinson, Rhoda Miller, and Lisa Jackson.

**Call to Order/Introductions/Approval of Minutes**

Libby Jones, Chair of the Council, called the meeting to order. She welcomed everyone. Minutes from the July 8, 2005 meeting were approved and accepted as written.

**Child and Adult Committee Meetings**

Child and Adult Committees met to gather input from the Council members for the 2004-2005 Mental Health Block Grant Implementation Report and discuss key achievements, progress and challenges. Input from the Committee meetings on this date was supplemented by input given for the Implementation Report on September 8, 2005 during two Mental Health Planning Council conference calls (separate calls were held for members of the Child Committee and the Adult Committee). Council members agreed to allow the Chair of the Council, Libby Jones, to draft the letter on behalf of the Council which will accompany the Implementation Report when it is submitted. A bulleted list of summarized highlights (the list is not all inclusive) from the Child Committee and the Adult Committee discussions is included below. (Editorial Note: For more details of input received from both committees, please refer to the North Carolina Community Mental Health Services Block Grant Implementation Report for SFY 2004-2005 and the letter in support of this report from Libby Jones, dated November 28, 2005.)

For Children, Adolescents, Youth in Transition and Their Families:

- ✓ Implement a System of Care statewide which serves as the organizing framework that supports and promotes prevention, early intervention, treatment and recovery for individuals of all ages and abilities and their families/significant others.
- ✓ Mechanisms are needed to increase and sustain family support, involvement and advocacy at the grassroots level in all communities across the state and in every level of the decision and policy making process, education and personnel preparation and service delivery.
- ✓ Through the person centered plan/child and family team process, assure that the consumer, family and youth voice is heard and that services and supports fit the strengths and needs identified in the plan.
- ✓ Assure that the Local Management Entities (LMEs) as one of their core functions will assess community resources, services and supports in coordination with the Community Collaboratives for Children and Families and in partnership with the

Consumer Family Advocacy Councils (CFACs). Support and coordination must be consistent across all LMEs and in all communities.

- ✓ Fund and equip a training and technical assistance system to promote and assure provider expertise is grounded in the essential elements of a System of Care, best practice, skill based competencies, and consistent access to quality of all providers, including those who are endorsed or directly enrolled.
- ✓ Take practical steps to implement the DHHS Cultural Competence Initiative and the Division of MHDDSAS Cultural Competence guidelines.

For Adult Consumers:

- ✓ Ensure opportunities for consumers to have a more active role in policy development and serving as qualified and associate professionals in the service delivery and support system.
- ✓ Fund needs to be allocated by the General Assembly to improve mental health system services, thereby, reducing fragmentation, and helping to fill some gaps in current services and system inequities (e.g., improved services for consumers with mental illness who are incarcerated and/or are deaf or hearing impaired, more services for those who are dually diagnosed, especially for those with substance related disorders in psychiatric hospitals).
- ✓ Increase housing options for those with mental illness, including alternatives for young adults.
- ✓ Ensure continuity of care is supported through stronger LME and provider relations, standardized expectations and consistent information and technology systems.
- ✓ Expansion of Mental Health Block Grant funds to increase opportunities for Wellness Recovery Action Plan (WRAP) Training and to partner with other advocacy and family organizations to sponsor and sustain the development of a website for System of Care.

### **Planning for Future Meetings**

Council members discussed having Dr. Judy Stange come to the Council meeting in March and provide training. Dr. Stange is Executive Director of the National Association of Mental Health Planning and Advisory Councils in Washington, D.C.

At the January meeting, Council members discussed having representatives present in a panel format to cover such topics as quality management, Local Management Entities (LMEs), an overview on outcomes, how those are reported and tie in with national outcome measures or NOMs, dialogue about State Consumer and Family Advisory Committees (CFACs) and local CFACs and how they are composed and communicate; and collapsible funding.

### **Information and Updates**

Council members were given an excerpt from the national Projects for Assistance in Transition from Homelessness (PATH) website regarding information from North Carolina's 2004 State Profile and the PATH Providers Contact List for North Carolina.

Mary Recca Todd discussed housing resources available through her agency, the North Carolina Housing Finance Agency, including emergency shelters, transitional housing, housing for domestic violence victims (including the children) and other forms of permanent housing. Housing development workshops are held 4-6 times per year by the NC Housing Finance Agency.

Eileen Silber made a motion that the Planning Council should write a letter, stating that the Council wants reform to succeed, but that an assessment needs to be made of the success of the reform movement at this point. The Council wants to play a role in the success of reform. Council members went on to say that reform should ensure that individuals are helped and have more access to service. The letter should be strength-based and should reflect what is working and include specific ideas of how it can be made better. Bill Jones offered a friendly amendment to the motion that the letter go to MH/DD/SA Services Director Mike Moseley. Council members voted unanimously that the letter should be written.

### **Wrap-Up**

Libby Jones wrapped up the meeting, thanking everyone for their participation. The next meeting will be Friday, January 6, 2006.

### **Handouts**

1. 11-04-05 MHPC Meeting Agenda
2. 07-08-05 Draft MHPC Minutes
3. Mental Health Block Grant Report Outline for FFY 2005 of Topical Content for the Child and Adult Sections and National Outcome Measures (NOMS) List
4. Map of Actual and Proposed Local Management Entities (LMEs) as of 9/26/05 and Consumer Empowerment Team Field Offices as of August 2005
5. Projects for Assistance in Transition from Homelessness (PATH) 2004 State Profile for North Carolina and PATH Providers Contact List
6. North Carolina Mental Health Consumers' Organization Fall 2005 Newsletter
7. Fair Housing for Tenants with Disabilities Booklet